1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Emilia Otera Llavila Participant's Name: 392 Calle Greda, Bo. Martin Gongalo Participant's Address: Participant's Email Address: None Ivan Pagan Hernandez Name of Counsel: Carolina, P. R. 00 988 Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: NO. 17BK 3283-LTS Claim Number: Nature of Claim: Emilia O Tero Daviha Title (if Participant is not an individual) Sept. 8, 2021

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
The state of the s
Participant's Name: Angel G - Corles Maldonado  Participant's Address: Hc-01 Box 4946 - Uhuado PR 00641
Participant's Email Address: acortes mido Egmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK - 3283 - LTS
Nature of Claim: Intent to participate in Discovery
By: Orgel H. Cortes Malando Signature
Angel G-Cortes Moldonado Print Name
PA LOCAL
Title (if Participant is not an individual)  08 - 23 - 2021
08-13-2011 Date
Date

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ANGEL G CORTES MALDONADO HC 01 BOX 4946 UTUADO PR 00641

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UNITED STATES DISTRIC COURT CLERK'S OFFICE 150 AVE CHARDON STE 150 SAN JUAN PR 00918-1767



## Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 4 of 98

Participant must provide all of the information below in English: 1. Participant's contact information, including email address, and that of its counse if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: aid wages by the government of P.R. Nature of Claim: By: Title (if Participant is not an individual)

P.O OUX 323, Villallos

P.O OUX 323, Villallos

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U.S. DISTINCT COURT SAN JUAN. P.R. WILLS. DISTINCT

SAN JUAN. P.R. WILLS.

00010-170020

office, 150 Ave. Carlus Chardor

Ste 150, San Juan, PR 00918 1767

United States District Court



Participant must provide all of the information below in English:

-	contact information, including email address, and that of its counsel,
if any:	1 1/2 1/2 1/2 2015
Participant's Name:	Amarilys Merhandez Medina
Participant's Address:	Amarilys Hernandez Medina Hc-01 Box 4946 - Utuado PR 00641
Participant's Email Address:	amarilyshm@gmail.com
Name of Counsel:	SE 1 E
Address of Counsel:	**************************************
Email Address of Counsel:	32 H
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283 - LTS
Nature of Claim:	Intent to participate in Discovery
By: abuse	The second of th
Signature	he gide to the other time and martingage need gay of prestance
Amarilys Her	nander Medina
rimi ivame	
Title (if Participant is	not an individual)
08-23-202	I was the alter the superior state of the larger transfers
Date	

> AMARILYS HERNANDEZ MEDINA HC 01 BOX 4946 UTUADO PR 00641

150 AVE CHARDON STE 150 SAN JUAN PR 00918-1767

UNITED STATES DISTRIC COURT CLERK'S OFFICE

SLERK'S OFFICE SUBSTRICT COUN FRANCE COUNTY

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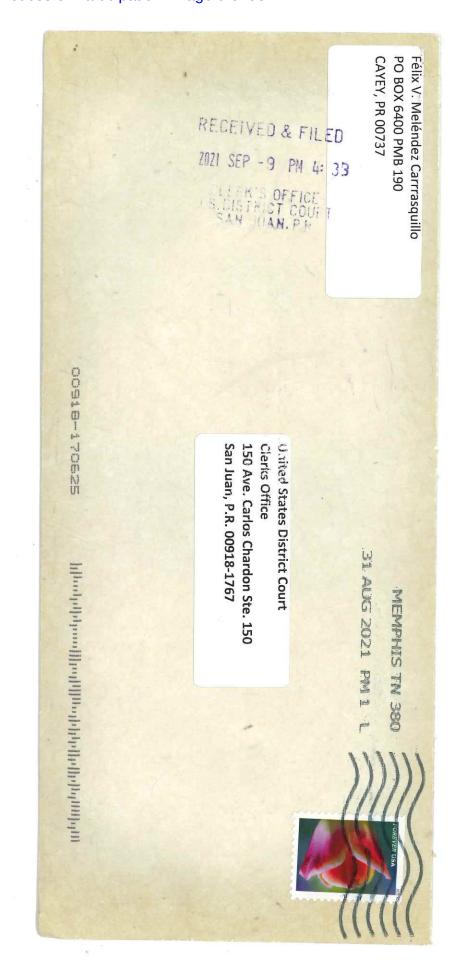


Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Félix V. Meléndez Carrasquillo Participant's Name: PO BOX 6400 PMB 190 CAYEY, PR 007377 Participant's Address: valo15@caribe.net Participant's Email Address: n/a Name of Counsel: n/a Address of Counsel: n/a Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 41611 Claim Number: Employees retirement systems of the Government of Pueto Rico Nature of Claim: By: ature Félix V. Meléndez Carrasquillo Print Name Title (if Participant is not an individual) 08/27/2021 Date



## Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 10 of 98

Participant must provide all of the information below in English:

if any:	ontact information, including chian address, and that of its counsel,
Participant's Name:	Angel Filiberto Otero Negrón
Participant's Address:	P. B. Box 323 Villalba P. R. 80764
Participant's Email Address:	angel oters negron p g mail. com
Name of Counsel:	NIA SOLO SOLO SOLO SOLO SOLO SOLO SOLO SOL
Address of Counsel:	NIA SESSIONE
Email Address of Counsel:	NIA STER
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	101163 et. al.
Nature of Claim:	unpaid wages by the government
By: Ongol 3. (	of Presto
Avae) F. Print Name	Oten Neg nin
Title (if Participant is	not an individual)
Date Date	. 202)

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lev K's Office, 150 Ave.

Carlos Chardon Ste. 150

San Juan, P.R

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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 12 of 98

Participant must provide all of the information below in English:

	cipant's contact	informatio	on, including e	mail address,	and that o	f its co	ınsel,
if an				0 1			
Participant's Name:		uisa	Murra	4-Soto	STATE OF	E Ca	auas P
Participant's Addre	ss: <u>3 G</u>	arr784	Apt 3201	Condlin	= 78	4 1 2	0724
Participant's Email	Address:	umu	rragn	nail.co	mo !	20 C	
Name of Counsel:	-	nl	A	-	725	F	
Address of Counse	l:	N	[A			w =	and the second state of
Email Address of C	Counsel:	P	UIA				- <del> </del>
2. Part	icipant's Claim	number an	d the nature of	f Participant's	Claim:		
Claim Number:	33	3120	411		1		
Nature of Claim:	wa	cogs ser	nics perf	rued 8	Indenis	will	entriby-
By: Juin Signature	- Muray	lat	na de la composition de la composition La composition de la	-tion -	HO CR	Piu	uto Pico
Luisa	Murra	y Soto					
Print Name		,					
PINIS A TELEVISION							
Title (if Par	rticipant is not a	n individua	al)				
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Date							

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## Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 14 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Marisol Vargas Vargas
Participant's Name:  Participant's Address:  Participant's Email Address:  Mavisol Vargas Vargas  Pubox 1581 Hormigueros, PR 056  Participant's Email Address:  Mavisol Vargas Vargas e hotmail. Com
Participant's Email Address: ma_ Varges_ Varges @ hotmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 L+5
Nature of Claim:  Nature of Claim:  Nature of Claim:  Maural Varges Varges  Nature of Claim:  Nature of Claim:
By: Maural Varges Varges
Signature
Marisol Varges Varge S
Print Name
Title (if Participant is not an individual)
alugust, 15 202/
Date

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Participant must provide all of the information below in English:

1. Participai	nt's contact information, including email add	lress, and that of its counsel,
if any:		ST SI
Participant's Name:	Edith mediavilla Merc	<u></u>
Participant's Address:		APTS 8 51 PR 00926 4442
Participant's Email Add	ress: Edithmediaville 036IC	
Name of Counsel:		samaragement For Purto Rio
Address of Counsel:	The comon Weath of Lever	
Email Address of Couns	sel: Pourto Rico INF & Rimero	clerk-/con/
2. Participa	nt's Claim number and the nature of Particip	pant's Claim:
Claim Number:	fromes a Tithe III	
Nature of Claim:	NO 17BR 3283 4	TS
By: Settle	edwillo-Mercas	
Signature		
	villa Mercado	
Print Name		
Komeso	<u> </u>	
Title (if Particip	ant is not an individual)	
18/8/2	02/	
Date		

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Mediavilla- Mercasto

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Participant must provide all of the information below in English:

if any:	ntact information, including email address, and that of its counsel,
	Ramon Eric MARTINEZ CARDONA
	HC-05 BOX 34611 Hat 10 812 00658
Participant's Email Address:	r. martz Grocket mail. com
Name of Counsel:	Policia de Puerto Rico
Address of Counsel:	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
Email Address of Counsel:	
2. Participant's Claim Number:	aim number and the nature of Participant's Claim:
Nature of Claim:  By: Ramon Ma Signature  Ramon L. Ma Print Name  Title (if Participant is real and a second secon	1 2021 I de NOT hour becauses
must be filed electronically with of Intent to Participate in Discontinuous Commonwealth of Puerto Ricco	th the Court on the docket using the CM/ECF docket event Notice overy for Commonwealth Plan Confirmation, in <i>In re</i> o, Case No. 17 BK 3283-LTS, through the Court's case filing able deadline. If you are <u>not</u> represented by counsel, you may

instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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00659 00919-170625 150 ave. Carlos Chordon Ste 150 San Juan, P.R. 00918-1767. 31 AJG 2021 PM 1 MEMPHIS TN 380

#### Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 20 of 98

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counser,
Participant's Name:	Vidalina Montes Ruiz
Participant's Address:	HC1 Box 6448-Yauco, P.R. 00698-9975
Participant's Email Address:	- ROT B &
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283-LTS
Nature of Claim:	To participate in discovery with confirmation of
By: Vilalin mi	into the proposed plan.
Signature	
Vidalina Print Name	Montes Puiz
Title (if Participant is	not an individual
Title (II Farticipant is	not an individual)
August 29 a	02/
Date	

FILE WED & FILE PAR Montes Ruiz

HCI Box 6448

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150 Ave

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States District Court Clerk
ve. Carlos Chardon Ste. 15
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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 22 of 98

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: VI ma de C. Medina Ocasio
Participant's Address: Pop 366 Juguillo, PR 00773
Participant's Email Address: Consejerato 800 /a mail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 57716 \$58 6 B
Nature of Claim: Public Employee Carms
By: Vilna del Medera Ocasióf & E
Signature Ui ma del C. Medina Ocasio
Print Name
1 Time (Name
Title (if Participant is not an individual)
Quant. 30 2021
Date

## Exhibit A

Claim Number	Creditor Name	ACR Procedures	Total Filed
57126	FELICIANO TARAFA, ALEXIS	Union Grievance Claims	s -
57128	BETANCOURT FUENTES, MARTA ROSA	Public Employee and Pension/Retiree Claims	\$ 5,400.00
57169	SALAZAR, AWILDA RIVERA	Public Employee and Pension/Retiree Claims	\$ 63,114.60
57268	RODRIGUEZ RIVERA, MARIA I.	Public Employee and Pension/Retiree Claims	\$ 56,682.05
57279	NEVAREZ MARRERO, ANEBIS	Public Employee and Pension/Retiree Claims	\$ 40,000.00
57309	VILLEGAS RIVERA, NAYDA L.	Public Employee and Pension/Retiree Claims	\$ 58,587.86
57320	CANCIO MEDINA, ANTONIO M.	Public Employee Claims	\$ 11,000.00
57329	SANCHEZ MASCARO, MARIA LUISA	Public Employee and Pension/Retiree Claims	\$ 34,431.17
57348-1	MARRERO NEVAREZ, MAYRA	Public Employee Claims	\$ -
57354	RODRIGUEZ, SYLVIA ALVAREZ	Public Employee Claims	\$ 14,856.00
57364	SOTO, YAMIL PEREZ	Public Employee Claims	\$ 6,200.00
57374	SOSA VARELA, AMARILIS	Public Employee and Pension/Retiree	\$ 33,316.38
57383	BAEZ BAEZ, LYDIA I	Claims Public Employee and Pension/Retiree Claims	\$ 11,077.14
57419	MERCADO ACEVEDO, AMILCAR	Public Employee and Pension/Retiree Claims	\$ -
57421-1	PAGAN MORALES, DOLLY	Public Employee Claims	\$ 22,200.00
57435	COLLAZO ROSADO, MARIA DOLORES	Public Employee and Pension/Retiree	\$ 55,638,20
57465	COLON FUENTES, BRENDA I.	Public Employee and Pension/Retiree Claims	\$ 19,800.00
57489	CRUZ, GLADYS SANTANA	Union Grievance, Public Employee and Pension/Retiree Claims	\$ -
57556	FELICIANO ECHEVARRIA, SILKA J.	Public Employee and Pension/Retiree Claims	\$ 101,820.12
57704-1	GONZÁLEZ RIVERA, NESTOR J.	Public Employee Claims	\$ -
57716	MEDINA OCASIO, VILMA DEL C.	Public Employee Claims	\$ 4,800.00
57733	BURGOS PARIS, LEIDA I	Public Employee Claims	\$ 20,000.00
57743	FONTANEZ FLECHA, DEBORA	Public Employee and Pension/Retiree Claims	\$ 108,000.00
57796	ARROYO LUCENA, LUZ N	Public Employee and Pension/Retiree Claims	\$ 15,000.00
57800	LEDESMA MOULIER, ZENAIDA	Public Employee and Pension/Retiree Claims	\$ 1,600.00
57808	SANTIAGO RODRIGUEZ, ELIZABETH	Public Employee and Pension/Retiree Claims	s -
57839	RIVERA ORTIZ, FELIPE	Public Employee and Pension/Retiree Claims	\$ -
57860	VELEZ AROCHO, CYNTHIA M	Public Employee Claims	\$ 6,032.60
57884	RODRIGUEZ PADILLA, SHEILA M.	Public Employee and Pension/Retiree Claims	s -
7899	CARMONA FIGUEROA, SONIA NOEMI	Union Grievance, Public Employee and Pension/Retiree Claims	s -
7929	CARTAGENA, ADELAIDA	Public Employee and Pension/Retiree Claims	s -
		I Comment	i
7949	CRUZ GONZALEZ, EVELYN	Public Employee and Pension/Retiree Claims	\$ 6,300.00

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Hary A. Santiago Zambrana
Participant's Address:	Urb. Villa Laura calle Girasol # 11001 Villa
Participant's Email Address:	Ksantiapo 0507@yahao.es
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Claim Number:  Nature of Claim:	Claim number and the nature of Participant's Claim: 17BK 3283-LTS  Incentive Law 89
By: Signature	tiago 3 ambierra
Kary A. San Print Name	tiago Zambrana
Teacher Title (if Participant is	not an individual)
Date Date	0.2021

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United States District Court, Clerk's office Son Juan, P.C. 00918-1767

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## Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Pro se Notices of Participation Page 27 of 98

Participant must provide all of the information below in English:

1. Participant's confidence if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Ratacl L. Balaquer
Participant's Address:	P.O. Box 1062 Ensenada, P.R. 00647
Participant's Email Address:	balaguer 1954 @ yahoo. com
Name of Counsel:	7021 2021
Address of Counsel:	SE S
Email Address of Counsel:	S OF AN
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	12532
Nature of Claim:	Aportación Acumuladas en Retiro
By: Signature	m of sun
Rafar Li Print Name	n's Balaque
Title (if Participant is	not an individual)
Date	

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ve. Carlos Chardon Ste. 15 Tuan, P.R. 00918-1767

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## Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 29 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: P.O. Box 1062 Ensenada, Participant's Address: Participant's Email Address: nimicortiz 22 @ qmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Aportación acumulada en Nature of Claim: Title (if Participant is not an individual) 27 de agosto del 2021

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SAN JUAN, PAR

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San Juan, P.R. 00918-1767

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Luz W. Mercado Crespo SAN JUAN, COURT
Participant's Address: Coop- Ciudad Univ-1- Ave, Periferal Apt-1104-A, Trujillo Alto, P.R. 00976-21
Participant's Email Address: <u>Neri luz 2008</u> @ gnail - Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-LT5
Nature of Claim: Betweent Pension
By: Jus N. Mercado Cresco
Luz W. Morcado Crespo Print Name
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Title (if Participant is not an individual)
Date Date

an Juan Pr. 00918-1767

Par - Caulos Chardon Stelso

In: feel State Orsbrict Court, Cler. K's Office



Participant must provide all of the information below in English:

No. 100	ontact information, including email address, and that of its counsel,
if any: Participant's Name:	Lyisa Josefina Gomez Pen
Tarriorpant 3 Transc.	
Participant's Address:	8384 Balbino Forinta, Urb. Rio Cristal,
Participant's Email Address:	Yosegomez Qoutlook, com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim
Claim Number:	167109
Nature of Claim:  By:  Signature  LyiSa  Print Name	Raise Salary Bara
Title (if Participant is  O8 /2 4/2  Date	not an individual)

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim.

Claim Number: 17 BK 3283 - 473

Nature of Claim:

1.

By: Signature

Lucy Montanez Ahedo

Title (if Participant is not an individual)

August - 30 -2021

Date

Garabo, 7.R. 00718 7.0. BOX 551 DOST -- UNDON San Juan', P.R. 00918-1947 cleck's office 150 Ave. Carlos chardou Ste. 150 31 AUG 2021 PM 2 MEMPHIS TH 380

# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 37 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any:	
Participant's Name:	William Figueroa Mendez
Participant's Address:	Box 2606, Junea 2 Contract Station, Son Sebt PRODGES
Participant's Email Address:	Willfigser & Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:  2. Participant's C	laim number and the nature of Participant's Claim.
Claim Number:	169803
Nature of Claim:	Dobts Plained Depostment of Agriculture
By: Signature	
William Figu Print Name	CRNA
Title (if Participant is	
<u>2/30/2)</u> Date	

SAN SEBASTIAN PR 00685 U.S. DISTRICT COURSAN JUAN, P.K

BOX 2606 JUNCAL CONTRAC STATION WILLIAM FDIGUEROA MENDEZ

COSTS-TYCES

SAN JUAN, PR 00918-1767

150 AVE. CARLOS CHARDON STE. 150, OFFICE UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:

STATISTICS! WE NI SIMPLESIN



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.
Participant's Name: Luis A. García Sur d
Participant's Address: PO Box 141- Goggana, Ploops =
Participant's Email Address: /vissued agmil.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 104/21
Nature of Claim: Promesa Title 111- no 17-By 3283-67
Ву:
Signature
Print Name
Title (if Participant is not an individual)
8/28/21
Date

Do Box 141 Lungama, PR00785

150 Ave. Onling Chard Sur

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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 41 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Milmanie Garcia Sued
Participant's Address:	P.O. Box 141 Guayama P.D. 00785
Participant's Email Address:	milmanie garcia Dagmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	₩ £7
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	no tengo número
Nature of Claim:	Promesa Title 111-no BK 3283-275
	ria Sued
Signature	
Hilmane Garcia Print Name	Sued
Time Name	
Title (if Participant is	s not an individual)
8/28	21
Date	

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SAN JUAN 14) Werk's office San Juan, P.R 00918-1767 '50 Ave. Carlos Chardon Ste. 00919-170625 31 ALVS 2021 FM 5 L 



Participant must provide all of the information below in English:

AND MARKET IN COMME	
1. Participant's co	ontact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Ema I. Martine 2 Marales
Participant's Address:	HC 04 120 X 174 D CUMICY 17 TO AM
Participant's Email Address:	elbaris 2004 (a) gmail reality
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	<del>3</del> =
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	D. D. Smolovee and Pension/Retired clair
Nature of Claim:  By:	artues de rales
Signature	Martinez Morales
Print Name	
Title (if Participant	is not an individual)
30-9-	21
Date	

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Case:17-03283 LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc:

Pro se Notices of Participation Page 45 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1. Participant's co	ontact information, including	
if any:	Floo I Martinez Moreles 35	
Participant's Name:	CIPULA DO DO DO DE PONGO 17	
Participant's Address:	HC-04 Box 17970 Camay, R. docor	
Participant's Email Address:	elba fris 2009 (a) amen i com	
Name of Counsel:		
Address of Counsel:		74
Email Address of Counsel:	CD distinguit's Claim:	
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	U8981	aim
Nature of Claim:	P (10) C C VIGITO Y	
By: Sluad- Aga	rlingin vivis	5 4, 10
Signature	1,01	
Elba I. Ma	ertinez Morales	
Print Name	*	11 1
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Title (if Participant	is not an individual)	
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United States District Court Office 150 Ave Carlos Chardon Ste San Juan, P.R. 00918-1769

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
1. Participant's contact information, metalogy if any:
Tally Ellat Martinovalles
Participant's Name:
TO BY ROLLY ATOLUMILLY IN DOCAT
Participant's Address:
Participant's Email Address: 21 ba 1815 200 9 00 9 moet 1 200 18
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
2. Tarticipant $s$ = $1/(L \Delta \sqrt{N}) / 7$
Claim Number: Rolling Claim Number:
Nature of Claim: Public Employee and Pensjon / neure of William
Nature of Claim.
By: Slow G. Marting routilles
Signature
Elba I Martinez Morales
Print Name
Title (if Participant is not an individual)
20 0 91
211-4-4

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Pro se Notices of Participation Page 49 of 98

Participant must provide all of the information below in English:
Porticipant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: LIDQ L: IVI QTIME O IV
Participant's Address:
Participant's Email Address: 2 bairis 2009 (09 mail 100)
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 145396 Public Employee and Pension Retire
Nature of Claim: Claim:
By: Signature
Elba I. Martinez Morales Print Name
Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Pro se Notices of Participation Page 51 of 98

Participant must provide all of the information below in English:

Participant's contact information in 1 1

if any:	intact information, including email address	ss, and that of its counsel,
Participant's Name:	Carmen L Vicer	te Isaac
Participant's Address:	1001 Bouganvillea	ave TAMPA Flader
Participant's Email Address: _	Racara 40 @ yaha	oo com
Name of Counsel:	Altoloco some confirmence o	S. C.
Address of Counsel:		SEP SEP
Email Address of Counsel: _	- Property	200 6
2. Participant's Cla  Claim Number:  Nature of Claim:  By:		LTS & E
Signature  Camen R V  Print Name	Cente Isaac	
Date	covery in constraint with reverse	

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Griselle Vinales Hern	andez
Participant's Address:	P.O. Box 118 , Dorac	4
Participant's Email Address	N/A	
Name of Counsel:	Ironne Gonzalez Mi	ora/es
Address of Counsel:	Edificio Gallardo, San Jua	n, PR 00921
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participan	t's Claim:
Claim Number:	17 BK 3283-LTS	2021
Nature of Claim:	Salary Debt	SAN SELV
By: Signature	Viriales Holy	ED & FILL
Griselle Viñal Print Name	es Hernandez	4: 36
Title (if Participant i	s not an individual)	
August 25,	202	

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Vinales Hernandez



Participant must provide all of the information below in English:

1. Participant's contactif any:	et information, including email address, an	d that of its counsel,
- a	fladys Burger Ro	drigues
Participant's Address:	t. Jacagnay Calle	1 #49 Die DR.
Participant's Email Address:		0 0079 8
Name of Counsel:	Maria de la compania	
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Claim	number and the nature of Participant's Cl	laim:
Claim Number:	1635-31-143643-1	63492
Nature of Claim:		
By: Signature		RECEIVE CLERI U.S. DIS SAN SAN
BlAdy 5 Buygos Print Name	5 Rodriguez	JUANU JUANU PM
		F: PORT
Title (if Participant is not a	ın individual)	0
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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc:

Pro se Notices of Participation Page 57 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Signature

Vivian E Mateo Bermudez

Print Name

Title (if Participant is not an individual)

Address Name:

Vivian E Mateo Bermudez

Print Name

Vivian E Mateo Bermudez

Print Name

Vivian E Mateo Bermudez

Print Name

Address Name:

Vivian E Mateo Bermudez

Print Name

Title (if Participant is not an individual)

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT, SAN JUAN, PR

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V. Motes Bermudez

2 Franklintown Blvd.

At 1601

Philadelphia, PA 19103

United States District Court

san Juan

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Margarita Rivera	
Participant's Address:	P.O. BOX 1526 Arrayo, P.R. 0071	14
Participant's Email Address:	margieriver 070. mr@gmail. a	om
Name of Counsel:	_ CONTROL CONT	
Address of Counsel:		12
Email Address of Counsel:		
2. Participant's Cl	laim number and the nature of Participant's Claim:	
Claim Number:	171238	en sv.
Nature of Claim:	Salarias trabajados	C
By: Mercerals & Signature	(mra	SAN JU
Margarita Print Name	Rivera	OFFICE CT COURT
Title (if Participant is n	not an individual)	
Date 7 Septier	nbre 2021	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Case 1703283

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 SEP -9 PM 4: 40

Margarita Rivera P.O. Box 1526 Arroyo, P.R 00714

United States District Court Clerks
150 Ave. Carlos Chardon Ste
San Juan, P.R 00918-17167



# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 62 of 98

Participant must provide all of the information below in English:

mail address, and that of its counsel,
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z.vega a)gmail.com
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ugre New York, NY 10036
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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 64 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any: natharing feliciano (as Participant's Name: ictoria calle Orguidea Participant's Address: sucrezkatharinale Participant's Email Address: \_\_ Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. oyees Retirement System of Claim Number: Nature of Claim: Signature Katharina teliciano Print Name Title (if Participant is not an individual) Date

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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Pro se Notices of Participation Page 66 of 98

Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,	,
if any:	T 11 0 0 1 1	
Participant's Name:	Jeannette Correa Birrie	
Participant's Address:	Jeannette Correa Birriel  HC 02 Box 14663 Carolina, P.R. 00987	
Participant's Email Address:	j. Correa 5767 agmail.com	
Name of Counsel:		
Address of Counsel:	- · · · · · · · · · · · · · · · · · · ·	
Email Address of Counsel:	- · · · · · · · · · · · · · · · · · · ·	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	. 138383	
Nature of Claim:	Public Employee and Pension/Retiree Chi	M.
By: Signature	By Commence of the second	
Jeannette	Correa Birriel	
Print Name	₩ ASS	1
Title (if Participant is	not an individual)	
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Date	1021 E 25mg	

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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 68 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		1	0	7	
Participant's Name:	Jennie	fornes	Camack	0	_
Participant's Address:	Jennie Urb. Mansion	nes de Mont	errey-579	Calle	Moder
Participant's Email Address:	fornesje	nnie pra	gmail. co	m	— yan
Name of Counsel:		_			
Address of Counsel:		_	3		
Email Address of Counsel:		_	#		
Claim Number:  Nature of Claim:  By:  Signature	Claim number and the 17BK328 Notice of discovery than of lean lean lean lean lean lean lean lean	13-LTS intent for confirm Adjustm	•	ate mmon	<del>in</del> wealth
Title (if Participant is	IA was	echo		2021 SEP -9 PM	RECEIVED AND CLERK'S OF U.S. DISTRICT SAN JUAN.
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		2 11	
Participant's Name:	se (ruz (	20/02	
Participant's Address:	se Cruz ( 2 Box 8159	Yabucoa,	P.R 0076
Participant's Email Address:	3		
Name of Counsel:			7
Address of Counsel:			
Email Address of Counsel:	3-11-11-11-11-11-11-11-11-11-11-11-11-11		
2. Participant's Claim nu	mber and the nature of	Participant's Claim:	
Claim Number:	17 BK 3283	I-LTS	
Nature of Claim:	nesa Title	HI	
By: * Just Cys Color Signature  Tosé Cruz Co	<u> </u>		7971 SI
Print Name	100		ERK'S AN JU
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Title (if Participant is not an in	ndividual)		F: RDURT
8-23-21	<u> </u>		39
Date			

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HC 2 Box 8159 Yabuma, P.R 00767

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Clerk's Office
Son Ave- Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 72 of 98

Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,	
if any: Participant's Name:	Vilma del C. Medera Ocasio	/
Participant's Address:	PO Box 366 Luguello, PROUTT:	3
Participant's Email Address:	Consejergioso @/gmail.com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	57716	
Nature of Glaim:	Ruthic Employee Claims	
By: Vilna del	C Meding Casit	24 Est.
Signature (	Medina Ocasio	U.S. C
Print Name		NEW SERVICE
Title (if Participant is		OFF CO
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Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Case:17-03283-LTS PROS#:1/03/20-3-ofFiled:09/10/21 Figure 7:33/21 18:37:03 Desc: Exhibit A Page 37 of 251

## Exhibit A

Claim Number	Creditor Name 1	ACR Procedures	Total Filed
57126	FELICIANO TARAFA, ALEXIS	Union Grievance Claims	\$ -
57128	BETANCOURT FUENTES, MARTA ROSA	Public Employee and Pension/Retiree Claims	\$ 5,400.00
57169	SALAZAR, AWILDA RIVERA	Public Employee and Pension/Retiree Claims	\$ 63,114.60
57268	RODRIGUEZ RIVERA, MARIA I.	Public Employee and Pension/Retiree Claims	\$ 56,682.05
57279	NEVAREZ MARŘERO, ANEBIS	Public Employee and Pension/Retiree Claims	\$ 40,000.00
57309	VILLEGAS RIVERA, NAYDA L.	Public Employee and Pension/Retiree Claims	\$ 58,587.86
57320	CANCIO MEDINA, ANTONIO M.	Public Employee Claims	\$ 11,000.00
57329	SANCHEZ MASCARO, MARIA LUISA	Public Employee and Pension/Retiree Claims	\$ 34,431.17
57348-1	MARRERO NEVAREZ, MAYRA	Public Employee Claims	s -
57354	RODRIGUEZ, SYLVIA ALVAREZ	Public Employee Claims	\$ 14,856.00
57364	SOTO, YAMIL PEREZ	Public Employee Claims	\$ 6,200.00
57374	SOSA VARELA, AMARILIS	Public Employee and Pension/Retiree Claims	\$ 33,316.38
57383	BAEZ BAEZ, LYDIA I	Public Employee and Pension/Retiree Claims	\$ 11,077,14
57419	MERCADO ACEVEDO, AMILCAR	Public Employee and Pension/Retiree Claims	s -
57421-1	PAGAN MORALES, DOLLY	Public Employee Claims	\$ 22,200,00
57435	COLLAZO ROSADO, MARIA DOLORES	Public Employee and Pension/Retiree Claims	\$ 55,638.20
57465 ·	COLON FUENTES, BRENDA I.	Public Employee and Pension/Retiree Claims	\$ -19,800.00
57489	CRUZ, GLADYS SANTANA	Union Grievance, Public Employee and Pension/Retiree Claims	\$ -
57556	FELICIANO ECHEVARRIA, SILKA J.	Public Employee and Pension/Retiree Claims	\$ 101,820.12
57704-1	GONZÁLEZ RIVERA, NÉSTOR J.	Public Employee Claims	\$ -
57716	MEDINA OCASIO, VILMA DEL C.	Public Employee Claims	\$ 4,800.00
57733	BURGOS PARIS, LEIDA I	Public Employee Claims	\$ 20,000.00
57743	FONTANEZ FLECHA, DEBORA	Public Employee and Pension/Retiree Claims	\$ 108,000.00
57796 ·	ARROYO LUCENA, LUZ N	Public Employee and Pension/Retiree Claims	\$ 15,000.00
57800	LEDESMA MOULIER, ZENAIDA	Public Employee and Pension/Retiree Claims	\$ 1,600.00
57808	SANTIAGO RODRIGUEZ, ELIZABETH	Public Employee and Pension/Retiree Claims	\$ -
57839	RIVERA ORTIZ, FELIPE	Public Employee and Pension/Retiree Claims	\$ -
57860	VELEZ AROCHO, CYNTHIA M	Public Employee Claims	\$ 6,032.60
57884	RODRIGUEZ PADILLA, SHEILA M.	Public Employee and Pension/Retiree Claims	\$ -
57899	CARMONA FIGUEROA, SONIA NOEMI	Union Grievance, Public Employee and Pension/Retiree Claims	\$ -
57929	CARTAGENA, ADELAIDA	Public Employee and Pension/Retiree Claims	\$ -
57949	CRUZ GONZALEZ, EVELYN	Public Employee and Pension/Retiree	\$ 6,300,00
57952		Claims Public Employee and Pension/Retiree	\$ 17,000.00

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U.S. DISTRICT COURT
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Participant must provide all of the information below in English:

1. Participant's c if any:	ontact information, including email address, and that of its counsel,	
Participant's Name:	KAtherine L. Rivera Manqual	
Participant's Address:	HC 04 BOX 22048 JUANA DIAZ, PR 00795	
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	83327	
Nature of Claim:	Employees Retirement System	
By: Signature	· Ruma Hangual # 17 BK 3283-	2
Kathenne L. K Print Name	River Hanqual	
	STRICE STRICE	
Title (if Participant is		
Date 27 cle ag	osto de 2021	

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Juliaris N. Arroyo Hernander
Participant's Address: Hc-01 Box 4946
Participant's Email Address: juliaris 1441 @gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LTS
Nature of Claim: Intent to participate in Discovery
By: Quliuis Cheyo
Signature
Julians N. Arroyo Hdez
Print Name
620
Title (if Participant is not an individual)
08/23/2021
Date

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### Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 79 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name: Rosita Cruz Cruz		
Participant's Address: Apdo 918, Carnuy, PR. 00627	1	,
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		,
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 134546		
Nature of Claim: Public Employee and per	151'or	1-
By: Rosita Car PRetiree claims Signature		
Rosita Cruz Cor Print Name	7021 S	U.S.
Title (if Participant is not an individual)	SEP -9	ERK'S OF
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United States District Court Clerk's Office

San Juan, P.R. 00918-1767

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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 81 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Rossta Craz Cauz	
Participant's Address: Apdo 918, Camay P.R. 00627	£
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 142146	
Nature of Claim: Public Employee and pension -	_
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Rosita Cruz Cryz	X
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United States District Court

Clerk's Office

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San Juan, P.K. 00918-1767

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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 83 of 98

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Apdo 918, Camuy P.R. 20627 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual) 08-30-2021

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United States District Court

150 Ave. Carlos Chardon Ste. 150

San Juan, P.K.

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# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 85 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employee and pension -68-30-1021

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United States District Court

United Stales Chardon Ste. 150 Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

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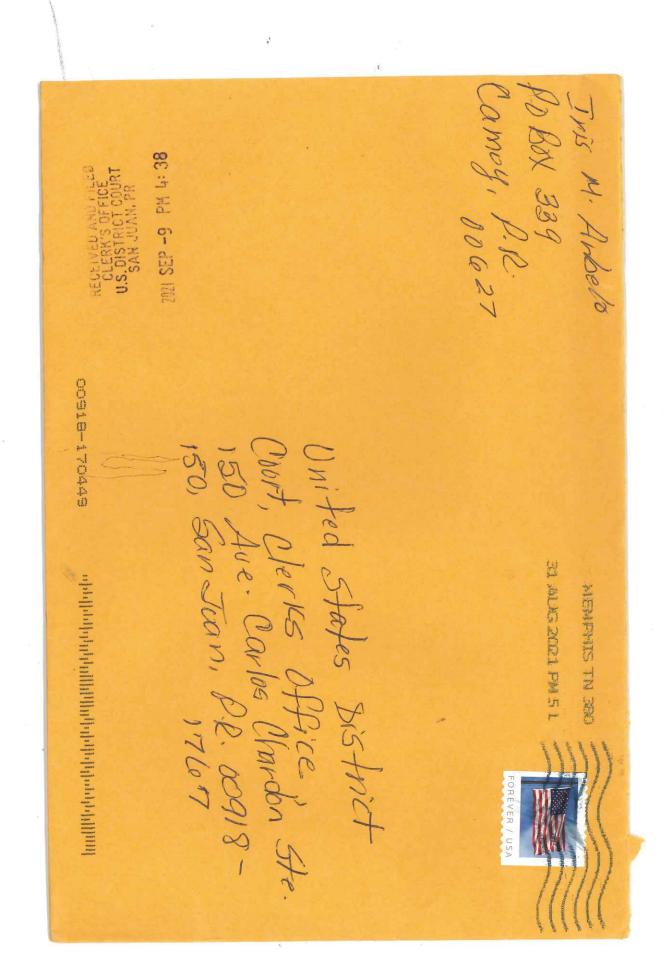
# Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc: Pro se Notices of Participation Page 87 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name: Tris M. Arbelo		_
Participant's Address: DD Rox 339 - Campy, DR. O	062	7
Participant's Email Address: 1115 at belo Mieves @ yabio es		_
Name of Counsel:		<u>-</u>
Address of Counsel:		_
Email Address of Counsel:		_
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 151260  Nature of Claim: Public Employee and per  By: Drism lules	05	ion.
Signature  105 M. Arbelo  Print Name  Individual  Title (if Participant is not an individual)  Date	2021 SEP -9 PM 4: 38	CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its couns if any:	sel,	
Participant's Name: Tris M. Aybelo  Od Box 339		
Participant's Address:	05	
Participant's Email Address: 113 ambelonieues a 20000		
Name of Counsel:		
Address of Counsel:	gr ==	
Email Address of Counsel:		
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 134269 Poblic Employee and po	cusri	311.
Nature of Claim:		
By: Signature		
Tuis M. Articlo	a Ba	
Print Name	78	
Individual.	S	S. U.S.
Title (if Participant is not an individual)	EP -9	AN JU
Date	3	ACT C
Instructions for Filing Notice of Participation: If you are represented by counsel, this N	Notice :	POLIKT
Instructions for a ming the CM/ECF docket event	LAOMO	



### Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 91 of 98

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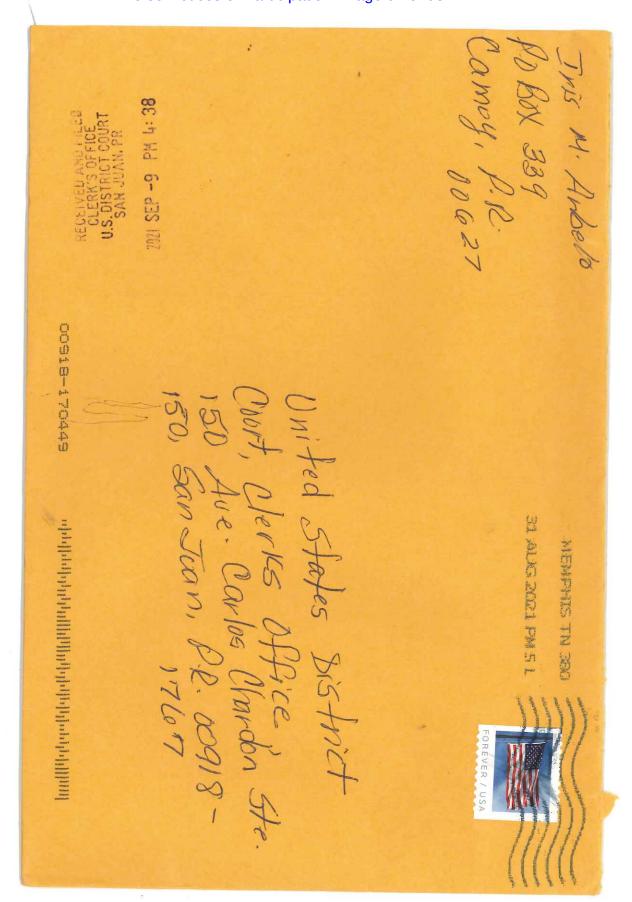
1.

Participant's contact information, including émail address, and that of its counsel,

if any: Participant's Name: Participant's Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual) Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may

instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

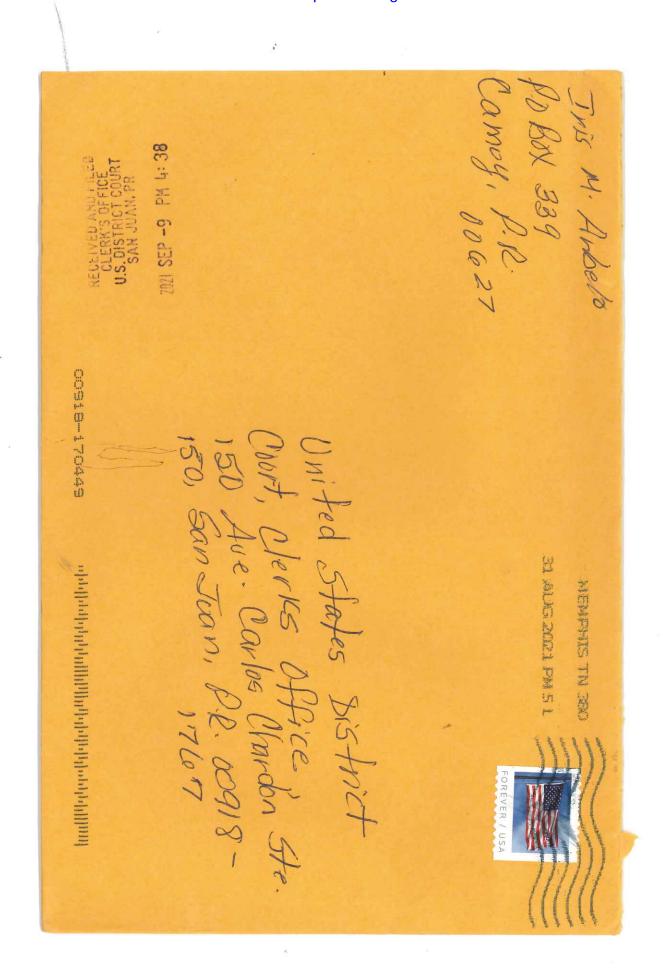


Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)



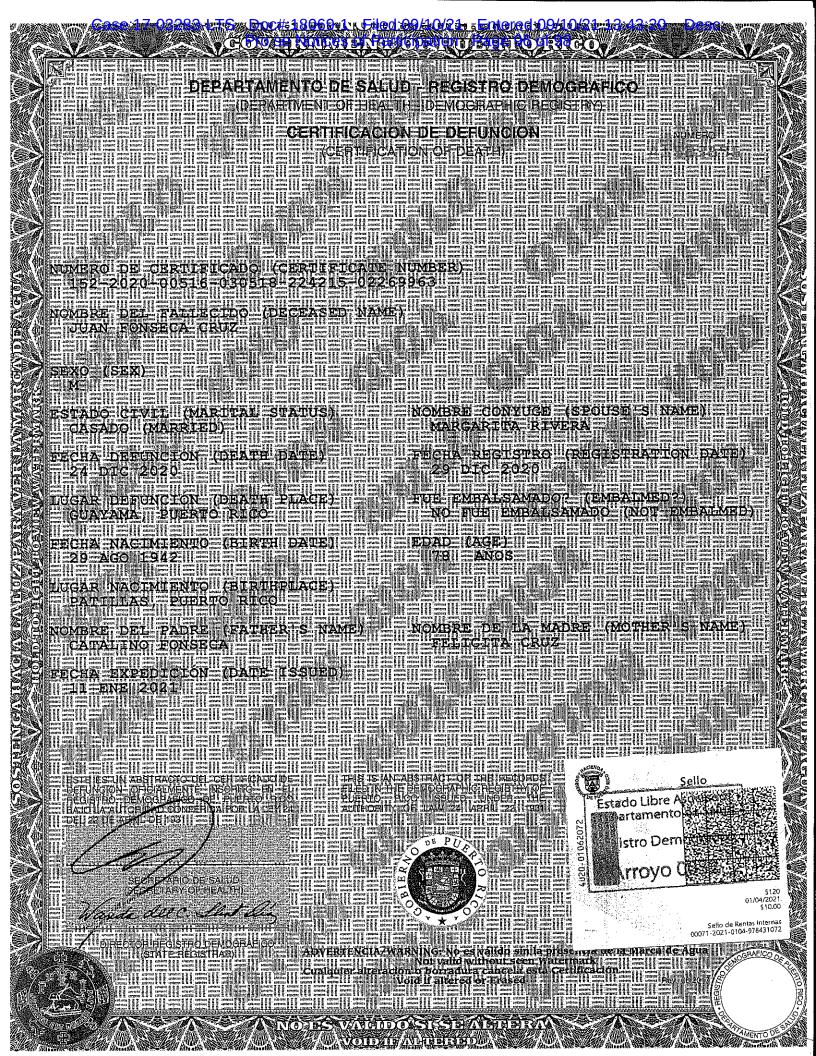
Case:17-03283-LTS Doc#:18069-1 Filed:09/10/21 Entered:09/10/21 13:43:20 Desc Pro se Notices of Participation Page 95 of 98

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Juan Fonseca Cruz
Participant's Address: P. O Box 1526 Arroyo, P.R. 00714
Participant's Email Address: margieriver 070. mr @ qmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 12 07
Nature of Claim: Salarias trabajados
By: Morgarta Russey (espasa) Mi espaso Juan Fonseca muno
Print Name  Fonseca muno el 24 de diciembre
Title (if Participant is not an individual)  7 do sept 2021  Date  2021.  Adjunto copia  Certificado defuncio  S. Social
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice



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Arrayo, P.R OOTIH 0.0. BOX 1526 Fonseca Cruz Rivera

150 Ave Carlos Chardon Ste 150: San Juan, P.R 00918-1767 Surt Clerk's Office



